SRF 30961:17-03283-LTS Doc#:6148 Filed:04/09/19 Entered:04/09/19 01:18:50 Desc: Main Document Page 1 of 2

## \*THIS NOTICE MUST BE FILED AND SERVED ON OR BEFORE APRIL 16, 2019\*

## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO

|                                         |                  | X |                           |
|-----------------------------------------|------------------|---|---------------------------|
| •                                       |                  | : |                           |
| In re:                                  |                  | : |                           |
| THE FINANCIAL OVERS                     | ICHT AND         | : | PD 01 553 1               |
| THE FINANCIAL OVERSIGHT AND             |                  | : | PROMESA                   |
| MANAGEMENT BOARD                        | FOR PUERTO RICO, | : | Title III                 |
| as represent                            | tative of        | : | Case No. 17-BK-3283 (LTS) |
| THE COMMONWEALTH OF PUERTO RICO et al., |                  | : | (Jointly Administered)    |
| Debtors.                                |                  | : |                           |
|                                         |                  | X |                           |

## NOTICE OF PARTICIPATION IN OMNIBUS OBJECTION TO CLAIMS FILED OR ASSERTED BY HOLDERS OF CERTAIN COMMONWEALTH GENERAL OBLIGATION BONDS

This Notice of Participation must be served and filed no later than April 16, 2019 in accordance with the instructions set forth at the end of this document.

The party identified below ("Participant") hereby advises the Objectors that it intends to participate in the litigation of the Omnibus Objection of the Financial Oversight and Management Board, Acting Through its Special Claims Committee, and the Official Committee of Unsecured Creditors, Pursuant to Bankruptcy Code Section 502 and Bankruptcy Rule 3007, to Claims Filed or Asserted by Holders of Certain Commonwealth General Obligation Bonds, dated January 14, 2019 [Docket No. 4784] (the "Objection"), which asserts that all claims that have been or may be asserted against the Commonwealth of Puerto Rico on account of general obligation bonds issued by the Commonwealth in or after 2012 (the "Challenged GO Bonds") are invalid.

To ensure full participation rights in the litigation of the Objection, Participant provides all of the information requested in items 1 through 3 below:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant Name and Contact Information             | Counsel Contact Information (if any)                |
|------------------------------------------------------|-----------------------------------------------------|
| Participant Name                                     | Firm Name (if applicable) Firm Name (if applicable) |
| Participant Name                                     | Firm Name (if applicable)                           |
| Zonnida Minanda Viena                                | selson Rosles Dia                                   |
| Contact Person (if Participant is not an individual) | Contact Person                                      |
| ZMIRANda @ florida coop. com                         | NROSIES dia, @ mail. com                            |
| Email Address                                        | Email Address                                       |
|                                                      |                                                     |
|                                                      |                                                     |
|                                                      |                                                     |

| Address line 1  Address line 2  Floring P. N. 00650 - 1162  City, State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Address line 1  Address line 2  CA Juan S. M. 00  City, State Zip Code         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country                                                                        |
| 2. Participant advises that it (choose <u>one</u> of the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ng by marking "X" in the appropriate space):                                   |
| intends to support the relief requested believes the Court should find that the Chall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d in the Objection (i.e., Participant lenged GO Bonds are <b>invalid</b> ); or |
| intends to oppose the relief request believes that the Court should find | ted in the Objection (i.e., Participant Challenged GO Bonds are valid)         |
| 3. If Participant is not a holder of a Challenged GO Bo sign. If Participant is a holder of one or more Challenged the following paragraphs (a) and (b) to the best of P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | enged GO Bonds, Participant must respond to                                    |
| (a) Provide the CUSIP Numbers of all Challe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | enged GO Bonds held by Participant:                                            |
| (b) Did Participant purchase any offits Chall secondary market? YES of NO (please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lenged GO Bonds in whole or in part on the circle one).                        |
| By: Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |
| Print Name Rosler Din                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |
| Title (if Participant is not an Individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |
| Date 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |

Instructions for Serving and Filing Notice of Participation: This Notice of Participation must be (i) served by email on the Notice Parties set forth in paragraph 8 of the Objection Procedures and (ii) filed electronically with the District Court pursuant to its Electronic Case Filing procedures. If the Participant is not represented by counsel, the Participant may file a paper copy of this Notice of Participation with the District Court by delivering such Notice of Participation by mail or by hand addressed to: The Clerk of the United States District Court for the District of Puerto, Room 150 Federal Building, 150 Carlos Chardon Avenue, San Juan, PR 00918-1767.